

Natural Gas Well Completion Two Day Notification

E-mail to: DEPOilandGasSector@wv.gov

New Source Performance Standards for Crude Oil and Natural Gas Production,
Transmission and Distribution "NSPS OOOO"

SECTION I: GENERAL INFORMATION

Trans Energy, Inc.

Owner or Operator Name

Division of Air Quality ID Number (If Available)

210 Second Street

Street Address

St. Marys

WV

26170

City

State

ZIP Code

Leslie Gearhart lesliegearhart@transenergyinc.com 304-684-7053

Facility Local Contact Name

E-Mail

Telephone Number



3/19/2013

Signature

Date

SECTION II: SOURCE DESCRIPTION

1. Please check the proposed well flowback compliance option:

- ☒ Route flowback gas to a completion combustion device ☐ Use on-site as a fuel source;
☐ Reinject into the well or another well ☐ Route flowback gas to a salable gas
☐ Other _____ pipeline

2. Please complete the table below for each affected source per §60.5365.

API Number	Farm Name and Well Number	Latitude & Longitude Coordinates	Planned date of the beginning of "Flowback"	Anticipated date of well completion
47-5101545	Martinez, Fernanda, et al; Martinez 1H	E 540663.371 N 4414694.447	04/04/2013	03/23/2013

[Add rows to the table for additional wells, as necessary]